

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/532092

FILING DATE

4-21-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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20		1				
21			1	—		
22			1			
23			1	—		
24			1	—		
25			1	—		
26			1	—		
27			1	—		
28			1	—		
29			1	—		
30			1	—		
31			1	—		
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33			1	—		
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49						
50						
TOTAL IND.			3			
TOTAL DEP.			16			
TOTAL CLAIMS			19			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						